WESTERN CONNECTICUT HEALTH NETWORK

DANBURY HOSPITAL
NEW MILFORD HOSPITAL

Norwalk Hospital

TESTIMONY OF
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WESTERN CONNECTICUT HEALTH NETWORK
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 18, 2015

SB 1089, An Act Concerning Mental Health Services.

WCHN appreciates the opportunity to submit testimony concerning **SB 1089, An Act Concerning Mental Health Services**. Danbury, Norwalk and New Milford Hospitals support the bill, as it addresses improvements to the mental healthcare system in Connecticut. What we need is a strong policy and a modest investment in a plan to provide care to these patients in need.

WCHN plays a critical role in providing all types of medical services to Connecticut residents, including mental and behavioral health services. Our behavioral health services treat more than 1200 inpatients, 2500 outpatients, 2500 people in crisis and 700 children each year.

In 2014, the Connecticut Hospital Association convened a Subcommittee on Mental Health comprising hospital behavioral health directors, emergency medicine physicians, chief executives, chief financial officers, and government affairs experts charged with developing recommendations to improve health outcomes, relieve the burden on EDs, and improve the adequacy of funding for key mental health safety net services. Several of these steps are set forth in Sections 14 through 22 of SB 1089

I'd like to focus today on community based behavioral health services including care coordination and access to information and referrals. Community care teams are the engines of treatment coordination linking individuals to the right care in the right place at the right time. There are several operating Community Care Teams in Connecticut already showing positive results. The Norwalk Community Care Team has reviewed 169 individuals, 70% of whom are Medicaid. Since the team's inception, ED usage has decreased by 32% for the high-utilizer population.

There are other successful models in the US. The Center for Health Care Strategies and the National Governor's Association held a "Super-utilizer Summit" in 2013[1]. Several points from this informative document stand out. In Medicaid, 5% drive 50% of the spending. 80% of the high cost beneficiaries have three or more chronic conditions and 60% have more than five. Most have an array of complex social problems. Universally, these teams agreed that coordinated care involving diverse agencies is required to succeed.

The Rand Corporation has estimated that hospital emergency rooms perform up to $4.4 billion in routine, non-emergency care every year. Uncompensated care sought at hospitals by the uninsured is estimated to approach $40 billion annually. These costs are then passed onto taxpayers and consumers.

Hennepin County MN invested in community care coordination and a Medicaid shared savings model. Their results were impressive. For the costliest 5% of patients, case management reduced costs by 40 to 95%. They anticipating spending about 3,500 per enrollee as compared to 138,000 for treatment sought only in the ED. As a result of these savings, Hennepin County was able to invest in a sobering center where intoxicated individuals can be connected to community based treatment services in a safe, cost effective setting. ED costs for these individuals decreased by 80%.

Community care teams achieve results through investment in human relationships rather than more and expensive medical care. They allow flexibility to address each person individually. They support the role of hospitals from treating people who are sick to keeping them healthy. They create a linkage between traditional medicine and population health in addressing the social determinants of health.

Super-utilizer programs represent a "disruptive innovation" in the delivery of health care and the management of high cost beneficiaries; Medicaid leadership is vital to create, support and sustain them.

Western Connecticut Health Network encourages the Committee to support SB 1089.

Thank you for your consideration of our position.

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[1] Robert Wood Johnson Foundation & Dianne Hasselman, Center for Healthcare Strategies; "Super-Utilizer Summit", October 2013